



## Health IT Standards Committee Meeting

### Meeting Notes August 30, 2010

#### [Meeting Agenda](#)

On August 30, 2010, the Health IT Standards Committee hosted the 12<sup>th</sup> HIT Standards Committee meeting. HIT Standards committee Co-Chair Jonathan Perlin, welcomed the committee and listeners and then reviewed the meeting agenda.

Key news items from this meeting:

- HIT Standards Committee approved the HIT Policy Committee Enrollment Workgroup recommendations for standards and policies that will allow the Administration to achieve the goal for health and social services benefits recipients to review eligibility for and enroll in health exchanges as mandated by section 1561 of the Affordable Care Act.
- Doug Fridsma revealed the winners of the ONC RFP's related to NHIN
- The Vocabulary Task Force will host a Hearing on Vocabulary Infrastructure Requirements *Capitol Holiday Inn, Washington, DC*
- The Implementation Workgroup will host their next meeting on September 15, 2010, 12:00 to 2:00 pm/ET.

#### **Enrollment Workgroup Recommendations:**

Enrollment Workgroup Chairs Aneesh Chopra and Sam Karp announced the Workgroup recommendations for standards and protocols for electronic enrollment in Federal and state health and human service programs, required by Section 1561 of the Affordable Care Act.

- Workgroup focused on:
  - Electronic matching across state and Federal data
  - Retrieval and submission of electronic documentation for verification
  - Reuse of eligibility information
  - Capability for individuals to maintain eligibility information online
  - Notification of eligibility
- After a review of the NIEM data elements, Secretary Chopra commented that states should not need to replace their legacy systems as long as they follow the NIEM process.
- *Recommendation 1.1:* We recommend that Federal and State entities administering health and human services programs use the National Information Exchange Model (NIEM) guidelines to develop, disseminate, and support standards and processes that enable the consistent, efficient and transparent exchange of data elements between programs and states.
- *Recommendation 2.1:* We recommend that federal Agencies required by Section 1411 of the Affordable Care Act to share data with states and other entities for verification of an individual's initial eligibility, re-certification and change in circumstances for ACA health insurance coverage options (including Medicaid and CHIP), use a set of standardized Web services that could also be used to support such eligibility determinations in other health and human services programs such as SNAP and TANF. To accomplish this recommendation, Federal and State agencies should provide data by individual, as opposed to household, to ensure the data can be used in a consumer-mediated approach.
- *Recommendation 2.2:* We recommend development of a Federal reference software model, implementing standards for obtaining verification of an individual's initial eligibility, re-certification and

change in circumstances information from federal and state agencies, to ensure a consistent, cost-effective, and streamlined approach across programs, states, and community partners. The initial build of this toolset should include interfaces to the Federal Agencies referenced in Recommendation 2.1. In order to ensure comprehensive and timely verification, additional interfaces to other Federal, State or other widely-available data sources and tools should be added, including the National Directory of New Hires, the Electronic Verification of Vital Events Record (EVVE) system, State Income and Eligibility Verification (IEVS) systems, Public Assistance Reporting Information System (PARIS), and the U.S. Postal Service Address Standardization API tool.

- *Recommendation 3.1:* Federal and State Agencies should express business rules using a consistent, technology neutral standard (e.g., OMG's SBVR, WC3's RIF, etc.). Upon identification of a consistent standard, Federal and State agencies should clearly and unambiguously express their business rules (outside of the transactional systems).
- *Recommendation 3.2:* To allow for the open and collaborative exchange of information and innovation, we recommend that the Federal government maintain a repository of business rules needed to administer ACA health insurance programs coverage options (including Medicaid and CHIP), which may include an open source forum for documenting and displaying eligibility, entitlement and enrollment business rules to developers who build systems and the public in standards-based and human-readable formats. To allow for seamless integration of all health and human services programs, business rules for other health and human services programs such as SNAP (FOOD STAMPS) and TANF should be added to the repository over time.
- *Recommendation 4.1:* We recommend using existing Health Insurance Portability and Accountability Act (HIPAA) standards (e.g., 834, 270, 271) to facilitate transfer of applicant eligibility, enrollment, and disenrollment information between ACA health insurance programs, coverage options (including Medicaid and CHIP), public/private health plans, and other health and human service programs such as SNAP and TANF.
- *Recommendation 4.2:* We recommend further investigation of existing standards to acknowledge a health plan's receipt of an HIPAA 834 transaction and, if necessary, development of new standards.
- *Recommendation 5.1:* We recommend that consumers have: 1) timely, electronic access to their eligibility and enrollment data in a format they can use and reuse; 2) knowledge of how their eligibility and enrollment information will be used, including sharing across programs to facilitate additional enrollments, and to the extent practicable, control over such uses; and 3) the ability to request a correction and/or update to such data. This recommendation builds upon the Health Information Technology for Economic and Clinical Health (HITECH) Act, which gave consumers the right to obtain an electronic copy of their protected health information from HIPAA covered entities, including health plans and clearinghouses. Additional investigation into format and content of such disclosures is needed.
- *Recommendation 5.2:* We recommend that the consumer's ability to designate third party access be as specific as feasible regarding authorization to data (e.g., read-only, write-only, read/write, or read/write/edit), access to data types, access to functions, role permissions, and ability to further designate third parties. If third party access is allowed, access should be:
  - Subject to the granting of separate authentication and/or login processes for third parties;
  - Tracked in immutable audit logs designating each specific proxy access and major activities; and
  - Time-limited and easily revocable.
- *Recommendation 5.3:* We recommend that State or other entities administering health and human services programs implement strong security safeguards to ensure the privacy and security of personally identifiable information. Specifically, we recommend the following safeguards:
  - Data in motion should be encrypted. Valid encryption processes for data in motion are those which comply, as appropriate, with NIST SP 800-52, 800-77, or 800-113, or others which are Federal Information Processing Standards (FIPS) 140-2 validated.
  - Automated eligibility systems should have the capability to:
  - Record actions related to the PII provided for determining eligibility. The date, time, client identification, and user identification must be recorded when electronic eligibility information is

created, modified, deleted, or printed; and an indication of which action(s) occurred must also be recorded.

- Generate audit log. Enable a user to generate an audit log for a specific time period and to sort entries in the audit log.
- The HIT Standards Committee agreed unanimously to adopt the recommendations as presented by the Workgroup and submit them to Secretary Sebelius and Dr. Blumenthal.

### **Privacy and Security Tiger Team Update**

Privacy and Security Tiger Team Chair Deven McGraw review the letter of recommendations for privacy and security policies and standards to govern the exchange of personally identifiable health information required for doctors and hospitals to qualify for CMS EHR incentive payments.

- Core Recommendation: All entities involved in HIE including providers and third party service providers like Health Information Organizations (HIOs)– should follow the full complement of fair information practices (FIPs) when handling personally identifiable health information.
  - FIPs should follow ONC's Nationwide Privacy and Security Framework for Electronic Exchange of Individually Identifiable Health Information
- *Recommendation 1 and 2 (Use of intermediaries or third party service providers in identifiable health information exchange; Trust framework to allow exchange among providers for purpose of treating patients) were highlighted at the HIT Policy Committee Meeting and are summarized at [http://www.himss.org/advocacy/d/20100819\\_HITPolicyCommMeetingOverview.pdf](http://www.himss.org/advocacy/d/20100819_HITPolicyCommMeetingOverview.pdf)*
- *Recommendation 3: Consent and Directed Exchange*
  - Assuming that FIPs are followed, directed exchange for treatment does not require patient consent beyond what is required in current law or what has been customary practice. The same considerations and customary practices that apply to paper or fax exchange apply to directed electronic exchange.
  - When the decision to disclose or exchange the patient's identifiable health information from the provider's record is not in the control of the provider or that provider's organized health care arrangement, patients should be able to exercise meaningful consent to their participation. ONC should promote this policy through all of its levers.
  - Meaningful Consent must be;
    - Advanced knowledge/time
    - Not compelled, or used for discriminatory purposes
    - Have Full transparency and education.
    - Commensurate with Circumstances
    - Consistent with Patient Expectations
    - Revocable
  - The provider has the responsibility to educate and discuss with patients how their information is shared.
  - Providers should obtain and keep track of patient consent but they may delegate consent management/administrative functions to a third party (such as an HIO), with appropriate oversight.
  - Providers should have a choice in participating in exchange models
- *Recommendation 4:* ONC needs to explore further if technology exists to obtain granular patient consent
- *Recommendation 5: Also covered in the HIT Policy Committee meeting on August 18<sup>th</sup>. See [http://www.himss.org/advocacy/d/20100819\\_HITPolicyCommMeetingOverview.pdf](http://www.himss.org/advocacy/d/20100819_HITPolicyCommMeetingOverview.pdf)*

### **NHIN and ONC Doug Fridsma Update**

- The Standards and Implementation (S and I) Framework is the mechanism by which ONC will manage the implementation of specifications and the harmonization of existing health IT standards to promote interoperability.
- The Framework/ ONC will not create new standards.
- The S and I Framework will manage the life cycle, reuse currently existing standards, ensures semantic discipline, and helps create human consensus.
- ONC has announced a series of RFP winners designed to support the S and I Framework
  - Pilot Demonstration Projects RFP Winner: Lockheed Martin
  - Harmonization of Core Concepts/NIEM RFP Winner: Deloitte
  - Implementation Specifications RFP Winner: Deloitte
  - Reference Implementation Guides RFP Winner: Lockheed Martin
  - Tools and Services RFP Winner: [Stanley](#)
- The Standards Development RFP is being re-competed
- The Use Case Development and Functional Requirements RFP is under review.
- The Certification Development RF is under review.
- Government is a platform to support the work, facilitating work by a broad set of stakeholders (government, end users, consumers, etc.)
- Comment: NIEM approach can create a coherent implementation guide publication only if any RFP contracts purchase intellectual property rights to standards developed by standard development organizations (SDOs). If the SDO refuses to sell intellectual property rights, then ONC can not contract with them.
- HIT Standards Committee members are concerned that the NIEM RFP's did not include aspects mandated by the ONC Framework and the Privacy and Security Tiger Team recommendations. Policy and Technology must be aligned.